

## HE/RR-Group-Level Intervention-Session Report Form

Name of Contracting Agency: _____		
Reporting period begin date: _____	Reporting period end date: _____	
Intervention Name: _____		
<b>GLI Intervention Record</b> <i>(Please complete one form for each GLI session and submit with corresponding participant sign-in form and individual participant forms.)</i>		
<b>Date of Session:</b> _____  <b>Session number in intervention cycle:</b> _____  <b>Duration of event:</b> _____ minutes  <b>Location where intervention took place (from intervention workplan):</b> _____ _____  <b>Total number of Clients Attending session:</b> _____	<b>Proportion by gender:</b> <i>(enter total number of each)</i> _____ Male _____ Female _____ Transgender _____ Unknown  <b>Proportion by ethnicity:</b> <i>(enter total number of each)</i> _____ Hispanic or Latino _____ Not Hispanic or Latino _____ Unknown  <b>Proportion by Race:</b> <i>(enter total number of each)</i> _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White  <b>Proportion by Age:</b> <i>(enter total number of each)</i> _____ Under 13 years _____ Age 13-18 years _____ Age 19-24 years _____ Age 25-34 years _____ Age 35-44 years _____ Age 45 years and older	<b>Activities (identify by number from HE/RR and Outreach Activity list or attach list and circle activities):</b>          <b>If session included 10.01 Practice-Condom/barrier use, what percentage of clients demonstrated proper use of a condom:</b> _____  <input type="checkbox"/> Check if a video was used to deliver HIV prevention message  <b>Number of Materials Distributed:</b> _____ Male Condoms _____ Female Condoms _____ Bleach/safer injection kits _____ HIV Educational Materials _____ STD Educational Materials _____ Hepatitis Education Material _____ Safer sex kits _____ Referral lists _____ Role Model Stories _____ Other (specify): _____  Comments: _____
<b>Client primary risk</b> (Indicate the proportion of the total number of client contacts whose primary risk was one or more of the following): _____ MSM _____ IDU _____ MSM/IDU _____ Sex with Transgender _____ Heterosexual Contact _____ Other/Risk Not Identified		
<b>Proportion by HIV Status:</b> <i>(enter total number of each)</i> _____ HIV status positive _____ HIV status negative _____ HIV status unknown		